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## FACSIMILE POST CARD

File No. 59501.US Client No. 1792.0 Date: March 1, 2006

Application No. 10/783,151

Filing Date: 01/21/2004

Applicant(s): Lin et al.

Title: BLOW-MOLDED TABLE

**Enclosures:**

1. Amendment Transmittal Letter (1 p.)(in duplicate)
2. Amendment A (7 pp.)
3. Certificate of Facsimile Transmission

COMMISSIONER FOR PATENTS

Please acknowledge receipt of the above-identified documents.

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 61019.US		
Application No. 10/763,151	Filing Date 01/21/2004	Examiner Ayers, Timothy M.	Group Art Unit 3637			
Invention Title BLOW-MOLDED TABLE						
TO THE ASSISTANT COMMISSIONER FOR PATENTS						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> The fee has been calculated as shown below:						
<b>CLAIMS AS AMENDED</b>						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMEND- MENT		HIGHEST NUMBER PREVI- OUSLY PAID FOR	PRESEN T NUMBE R EXTRA	RATE	FEE
TOTAL CLAIMS	* 13	minus	-- 20	0	x \$50	\$ 0
INDEPENDENT CLAIMS	* 2	minus	--- 3	0	x \$200	0
MULT. DEPENDENT CLAIM ADDED					\$360	
					<b>TOTAL</b>	<b>\$ 0</b>
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					<b>SMALL ENTITY TOTAL</b>	<b>\$ 0</b>
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.          -- If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".          --- If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".          The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p style="text-align: right;"> Mark P. Crockett, Reg. No. 47,507</p>						

Form LNG (9/96)

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Date: March 1, 2006

  
Mark P. Crockett

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Docket No. 59501.US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Lin et al.  
Application No.: 10/763,151  
Title: BLOW-MOLDED TABLE  
Examiner: Ayres, Timothy Michael  
Group Art Unit: 3637

**AMENDMENT A**

Mail Stop  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 19, 2005, please amend the above-referenced application as follows: